



# KENTUCKY TRANSPORTATION CABINET

TC 94-29  
Rev. 07-05

## APPLICATION FOR VALID WITHOUT PHOTO LICENSE BY MAIL (FOR MILITARY PERSONNEL AND MILITARY DEPENDENTS ONLY)

KRS186.412 (10) STATES IN PART: IF A CITIZEN OF THE COMMONWEALTH CURRENTLY SERVING IN THE UNITED STATES MILITARY IS STATIONED OR ASSIGNED TO A BASE OR OTHER LOCATION OUTSIDE THE BOUNDARIES OF THE COMMONWEALTH, THE CITIZEN MAY RENEW A CLASS D OPERATOR'S LICENSE ISSUED UNDER THIS SECTION BY MAIL.

CLASS A, B, OR C LICENSES (CDL) CANNOT BE RENEWED BY MAIL  
THIS APPLICATION IS FOR: ( ) DUPLICATE LICENSE ( ) RENEWAL LICENSE

If this application is for a duplicate, I certify that my license was lost, taken, or destroyed through no effort on my part.

Last Name				First	Middle	Maiden	Date of Birth MM/DD/YY
Address				License Number			
City	STATE	Zip Code	County	Social Security Number			
Weight	Height	Eye Color					

### REQUIREMENTS FOR MILITARY PERSONNEL AND MILITARY DEPENDENTS TO RENEW BY MAIL

Must be stationed outside the State of Kentucky. Where stationed? \_\_\_\_\_

A certified or notarized copy of expired, or soon to be expired Kentucky Driver License if applying for a renewal.

A certified or notarized copy of the Military Id Card, or Military Dependent ID Card, or a written statement from the commanding officer certifying the status of the soldier or dependent.

A certified or notarized copy of this completed form.

This notice, the above requirements, the appropriate fee (fee schedule below), and a self-addressed, stamped envelope must be returned to the Circuit Court Clerk's office in your county of residence. For e-mail users, please visit <http://transportation.ky.gov/drlic/> and click on license issuance locations for your county of residence address.

### FEE SCHEDULE

CLASS D (OPERATOR'S) \$20.00	CLASS E LICENSE (MOPED) \$20.00	CLASS M (MOTORCYCLE) \$24.00
DUPLICATE LICENSE \$12.00	CLASS D & M (OPERATOR/MOTORCYCLE) \$30.00	

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#### Kentucky Driver License Application - Part B

- |   |   |     |
|---|---|-----|
| 1. Are you a U.S. Citizen or Permanent Resident of U.S.?  | → | Y N |
| 2. Have you suffered a seizure or blackout within the past 90 days?   | → | Y N |
| 3. Is your driving privilege suspended or revoked in any state or jurisdiction?   | → | Y N |
| 4. Do you have any physical/mental impairments that affect your driving abilities or have you had a blackout within the past 3 years? | → | Y N |

I affirm that I am the person named and described in the KY Driver Licensing Information System and the statements provided in this application and to licensing officials are true and correct. I certify that I do not have a driver license or I.D. from another State or Jurisdiction. I understand that misrepresentation in the licensing process can result in criminal and civil penalties under state and federal law.